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** CONTINUING DATA ***** <i>none</i>				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/12/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 39 INDEPENDENT CLAIMS 4
ADDRESS 21394				
TITLE SYSTEMS AND METHODS FOR ELECTROSURGICAL REMOVAL OF THE STRATUM CORNEUM				
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	